

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6672 **63-048193** STATE FILE NUMBER

**FILED DEC 19 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>48 yrs</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7505 East 87th</b>		d. STREET ADDRESS (If outside, give location) <b>2604 East 95th</b>	
3. NAME OF DECEASED (Type or print) <b>Joshua Emerson Pennington</b>		4. DATE OF DEATH Month <b>12</b> Day <b>6</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-11-85</b>
9. AGE (last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	
10a. BIRTHPLACE (City and state or country) <b>Missouri</b>		11. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James Pennington</b>		13b. MOTHER'S MAIDEN NAME <b>Sally Bookout</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Mae Pennington</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Ida Pennington, 2604 E. 95th, K.C. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> DUE TO (b) <b>Respiratory Failure</b> DUE TO (c) <b>Massive C.V.D.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Uncontrolled Diabetic Condition</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>11-18-63</b> to <b>12-6-63</b> and last saw him alive on <b>12-6-63</b> Death occurred at <b>10:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John A. Walton D.O.</b>		22b. ADDRESS <b>4949 Swope Parkway</b>	
22c. DATE SIGNED <b>12-7-67</b>		23a. BURIAL, CREMATION, or other disposition (Specify) <b>Burial</b>	
23b. DATE <b>12-10-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Palestine Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		24. FUNERAL DIRECTOR <b>E.K. George &amp; Sons, Inc, Grandview, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>12-9-63</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John A. Walton

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Sterling E. Goddard*  
Licensed Embalmer No. 4911

P. O. Address *Grandview Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.